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## PART V

### Bills introduced in the Gujarat Legislative Assembly

The Following Bill Which was introduced on the 20<sup>th</sup> March, 2025 by Shri Arjun Modhwadia, M.L.A. is published under rule 127-A of the Gujarat Legislative Assembly Rules for general information.

#### THE GUJARAT RIGHT TO HEALTH BILL, 2025

#### THE GUJARAT BILL NO. 12 OF 2025

#### A BILL

*to provide for rights to health and to make provisions ancillary, conducive and incidental thereto.*

Whereas, the State of Gujarat aims, to provide for protection and fulfilment of rights and equity in health and wellbeing under Article 47 of Constitution of India and to secure the Right to Health as per the expanded definition of Article 21 of Constitution of India and, also to provide for free accessible to and equality in, health care for all residents of the State with the progressive reduction in out of pocket expenditure in seeking, accessing or receiving health care;

And whereas, the right to health is an inclusive right extending not only to timely health care but also to the underlying socio-economic, cultural and environmental;

And whereas, to address the persisting iniquitous accessibility and denials in the matter of healthcare in the State;

And whereas, the Government of Gujarat is committed to ensure that people's rights to health are realized. The most important stakeholders in fulfilment of right to health are the people themselves. Therefore, people's participation is crucial and critical for realization of people's right to health services;

And whereas, need to set a broad legal framework to ensure availability, accessibility, acceptability, equity and quality comprehensive health care services and functions including powers to respond to public health emergencies.

Therefore, It is hereby enacted in the Seventy-sixth year of Republic of India, as follows: -

**Short title, extent,  
commencement.**

1. (1) This Act may be called the Gujarat Right to Health Act, 2025.
- (2) It shall extend to the whole of the State of Gujarat.
- (3) It shall come into force on such date as the state Government may, by notification in the Official Gazette, appoint.

**Definitions.**

2. In this Act, unless the context otherwise requires -
  - (a) “bioterrorism” means the international use of any microorganism, virus, infectious substance (including toxins), or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product to causes other biological malfunction in a human, an animal, a plant, or another living organism;”
  - (b) “Clinical Establishment” means establishments defined as a clinical establishment under clause (c) of section 2 of the Clinical Establishment (Registration and Regulation) Act, 2010 (Central Act No. 23 of 2010);
  - (c) “epidemic” means occurrence of cases of disease in excess of what is usually expected for a given period of time and includes any reference to “disease outbreak” never the less specifically stated otherwise;
  - (d) “Government” means the Government of Gujarat;
  - (e) “health care” means testing, treatment, care, procedures and any other service or intervention towards a preventative, promotive, therapeutic, diagnostic, nursing, rehabilitative, palliative, convalescent, research and/or other health related purpose or combinations thereof, including reproductive health care and emergency medical treatment, in any system of medicines, and also included any of these as a result of participation in a medical research program;
  - (f) “Health Care Establishment” means the whole or any part of a public or private institution, facility, building or place, whether for profit or not, that is operated to provide inpatient and/or outpatient health care, and a "public health care establishment" shall accordingly refer to a health care establishment set up, run, financed or controlled by the Government or privately owned;
  - (g) “Health Care Provider” means a medical doctor, nurse, other paramedical professional, social worker or other appropriately trained and qualified person with specific skills relevant to particular health care, nursing, rehabilitation, palliative, convalescent, preventative or other health services, and any reference to “service provider” shall mean the same unless specifically stated otherwise;
  - (h) “Health Impact Assessment” means a combination of procedures, methods, and tools for identifying, predicting, evaluating, and mitigating potential effects of a proposed law, policy, program, project, technology, or a potentially damaging activity, in relation health prior to taking decisions thereon and making commitments thereunder, on the health of the population, and other relevant effects, and the distribution of those effects within the population, and any reference to health impact assessment shall mean the same;

- (i) “informed consent” means consent given, specific to a proposed health care without any force, undue influence, fraud, threat, mistake or misrepresentation and obtained after disclosing to the person giving consent, either for himself, or in representative capacity wherever it is necessary, all material information including costs, risks, benefits and other significant implications of, and alternatives to, the proposed health care in a language and manner understood by such person;
- (j) “outbreak” means an epidemic limited to a localized increase in the incidences of a disease;
- (k) “Panchayati Raj Institutions” means institutions of local self-government established under any of the state’s Panchayati Raj Laws, at village, block, or district levels, like Gram Panchayat, Panchayat Samiti, or Zilla Parishad, or by whatever other name called, and any reference to “PRI” shall mean the same;
- (l) “prescribed” means prescribed by rules made under this Act;
- (m) “public health” means the health of the population, as a whole, especially as monitored, regulated, and promoted by the Government;
- (n) “Public Health Institution” means governmental organizations that is operated or designed to provide in-patient or out-patient treatment, diagnostic or therapeutic, interventions, nursing, rehabilitative, palliative, convalescent, preventative, promotive, medical research program or other health services to public;
- (o) “public health emergency” means an occurrence or imminent threat of illness or health conditions that-
  - (a) is believed to be caused by any of the following:-
    - (i) bioterrorism,
    - (ii) the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin,
    - (iii) a natural disaster,
    - (iv) a chemical attack or accidental release,
    - (v) a nuclear attack or accident; and
  - (b) poses a high probability of any of the following harms:-
    - (i) a large number of deaths in the affected population; or
    - (ii) a large number of serious or long-term disabilities in the affected population; or
    - (iii) widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population;
- (p) “Government funded health care services” means the health care services funded and provided by the Government or those provided by the nongovernment entities but for which Government funds part or whole of the costs of care to some or all patients;
- (q) “rules” means rules made under this Act;
- (r) “resident” means an ordinary resident of the State of Gujarat;
- (s) “Social Audit” means the audit conducted by the community using the social dimension.

**Rights to health.** 3. Every person in the State of Gujarat shall have the following rights:-

- (a) to have adequate relevant information about the nature, cause of illness, proposed investigations and care, expected results of treatment, possible complications and expected costs;
- (b) to avail free OPD services, IPD services consultation, drugs, diagnostics, emergency transport, procedure, and emergency care as provided by all public health institutions accordantly to their level of health care as may be prescribed by rules made under this Act;
- (c) to have emergency treatment and care under any emergent circumstances, without prepayment of requisite fee or charges including prompt and necessary emergency medical treatment and critical care, emergency obstetric treatment and care, by any health care provider, establishment or facility, including private provider, establishment or facility, qualified to provide such care or treatment without delay and in a case of medico-legal nature of case, no health care provider or health care establishment shall delay treatment merely on the grounds of receiving police clearance or a police report.

Explanation: -A medico-legal case means any medical case which has legal implications, either of a civil or criminal nature, and includes but is not limited to cases relating to accidents, assault, sexual assault, suicide, attempt to murder, poisoning, injuries on account of domestic violence, injuries to workers during course of employment, in some of which the service provider may be required to prepare documents in compliance with demands by authorized police-officer or magistrate;

- (d) in case of a resident, to have the right to avail free health care services from any clinical establishment in the prescribed manner and subject to the terms and conditions specified in the rules;
- (e) to have access to patient records, investigation reports and detailed itemized bills of treatment;
- (f) to know the name, professional status and job chart of the person who is providing health care;
- (g) to informed consent prior to specific tests or treatment (e.g. surgery, chemotherapy etc.) from all health care establishments;
- (h) to confidentiality human dignity and privacy during treatment at all health care establishments;
- (i) to the presence of female person, during physical examination of a female patients by a male practitioner;
- (j) to choose alternative treatment available at any health care establishments;
- (k) to have treatment without any discrimination based upon illness or conditions, including HIV status or other health condition, religion, race, caste, sex, age, sexual orientation or place of birth of any of them at all health care establishments;
- (l) to have information about the rates or charges for each type of service provided and facilities available;
- (m) to choose source of obtaining medicines or tests at all health care establishments;
- (n) to patient's education about health condition;

- (o) to safe and quality care according to standards prescribed for the health care establishments;
  - (p) to referral transport by all health care establishments, whether public or private, in the prescribed manner;
  - (q) to have treatment summary in case of a patient leaving health care establishment against the medical advice;
  - (r) to be heard and seek redressal in case of any grievance occurred during and after availing health care services;
  - (s) in case of residents, to avail free transportation, free treatment and free insurance coverage against road accidents at all health care establishments in the prescribed manner and subject to the terms and conditions specified in the rules; and
  - (t) to obtain treatment records and information from the treating health care establishments to seek second opinion from another health care professional or health care establishment.
4. The Government shall have the following general obligations at all times, by enhancing the quantum of the resources in time bound realization of health and well-being of every resident in the State:-
- Obligation of Government.**
- (a) to formulate and prescribe a model of public health known as “Gujarat Model of Public Health”;
  - (b) to make appropriate provision in the State budget;
  - (c) to develop and institutionalize Human Resource Policy for Health to ensure availability and equitable distribution of doctors, nurses and other ancillary health professionals and workers at all levels of healthcare as may be prescribed;
  - (d) to set up the quality audit and grievance redressal mechanisms as may be prescribed;
  - (e) to align all health services and schemes to strengthen a system of health services to empower and make residents aware for preventive, promotive and protective health care, not merely an absence of disease;
  - (f) to lay down standards for quality and safety of all levels of health care as may be prescribed;
  - (g) to make availability of Government funded healthcare services as per distance or geographical area or considering population density which includes health care institutions, free medicine, test and diagnostics of notified items and ambulance services as per standards as may be prescribed;
  - (h) to ensure that there is no any direct or indirect denial to anyone for any government funded health care services at such health care establishment and such guaranteed services as may be prescribed;
  - (i) to mobilize resources and frame plans or policies to carry out obligations under this Act;
  - (j) to set up co-ordination mechanisms among the relevant government departments to facilitate nutritionally adequate and safe food, adequate supply of safe drinking water and sanitation;

- (k) to institute effective measures to prevent, treat and control epidemics and other public health emergencies; and
- (l) to take appropriate measures to inform, educate and empower people about health issues.

**Constitution  
of State  
Health  
Authority.**

5. (1) The Government shall, by notification in the Official Gazette, constitute an independent body known as the State Health Authority consisting of the following members, namely:-
- (a) An Officer of Indian Administrative Service, not below the rank of Joint Secretary to be appointed by the State Government      Ex-officio Chairperson;
  - (b) Director, Medical and Health      Ex-officio Member Secretary;
  - (c) Commissioner, Medical Education or his nominee not below the rank of Additional Director      Ex-Officio Member;
  - (d) Joint Chief Executive Officer, Gujarat State Health Assurance Agency      Ex-Officio Member;
  - (e) Director, Ayurveda or his nominee not below the rank of Deputy Director      Ex-Officio Member;
  - (f) Director, Homoeopathy or his nominee not below the rank of Deputy Director      Ex-Officio Member;
  - (g) Director, Unani or his nominee not below the rank of Deputy Director      Ex-Officio Member;
  - (h) Two Members, nominated by State Government, having knowledge of Public Health/Hospital Management, etc.      Members.
- (2) The appointment of each member of the State Health Authority, except the ex-officio appointees, shall be for three years.
- (3) The State Health Authority shall meet at least once in six months.
- (4) The terms and conditions of services including allowances of members as mentioned in clause (h) of sub-section (1) shall be such as may be prescribed.

**Functions of  
the State  
Health  
Authority.**

6. The State Health Authority shall carry out the following functions.-
- (a) to advise the Government on any matter concerning public health, including preventive, promotive, curative, and rehabilitative aspects of health and occupational, environmental, and socio-economic determinants of health;
  - (b) to formulate State health goals and get these included in the mandate of Panchayati Raj Institutions and urban local bodies;
  - (c) to formulate state level strategic plans for implementation of Right to Health as provided under this Act, including action on the determinants of healthy food, water and sanitation;
  - (d) to formulate a comprehensive written State Public Health Policy for prevention, tracking, mitigation, and control of a public health emergency as well as situations of outbreak or potential outbreak in the State;

- (e) to monitor the preparedness of the State for management of public health emergencies;
- (f) to develop mechanisms and systems for regular medical, clinical, and social audits for good quality of health care at all levels;
- (g) to constitute one or more committees/scientific panels/technical panels for the efficient discharge of its functions as and when required;
- (h) to hear all appeal against decision of District Health Authority;
- (i) to ensure quality and cost effective health and diagnostic services by private health sector; and
- (j) to carry out other functions as may be prescribed .
7. (1) The State Health Authority shall meet at least once in six months, by giving such reasonable advance notice to its members and shall observe such rules of procedure regarding the transaction of business at its meetings as may be prescribed by rules made under this Act: Provided that if, in the opinion of the Chairperson, any business of an urgent nature is to be transacted, he may convene a meeting of the Authority at such time as he thinks fit. **Meeting of State Health Authority.**
- (2) The meetings of the Authority and the mode of transaction of business at such meetings, including quorum etc., shall be governed by such regulations as may be prescribed by rules made under this Act.
8. (1) The Government shall constitute an independent body as District Health Authority, within one month from the date of constitution of State Health Authority. **Constitution of District Health Authority.**
- (2) The District Health Authority shall consist of the following members, namely:-
- |   |                             |
|---|-----------------------------|
| (a) The District Collector  | Ex-officio Chairperson;     |
| (b) Chief Executive Officer, Zila Parishad  | Ex-officio Co-Chairperson;  |
| (c) Deputy Chief Medical and Health Officer   | Ex-Officio Member Secretary |
| (d) District Ayurveda Officer   | Ex-Officio Member;          |
| (e) Superintending Engineer, Public Health Engineering Department   | Ex-Officio Member;          |
| (f) Two Members, nominated by State Government, having knowledge of Public Health/Hospital Management, etc. | Members;                    |
| (g) Pramukh, Zila Parishad of the District  | Members;                    |
| (h) Three Pradhans of the Panchayat Samitis in rotation, as may be prescribed                               | Members;                    |

- (3) The appointment of each member of the District Health Authority, except the ex-officio appointees, shall be for three years.
- (4) The District Health Authority shall meet at least once in a month.
- (5) The terms and conditions of services including allowances of members as mentioned in clause (f) of sub-section (1) shall be such as may be prescribed.

**Functions of  
District  
Health  
Authority.**

- 9. The District Health Authority shall carry out the following functions:-
  - (a) to ensure implementation of the policies, recommendations, and directions of State Health Authority;
  - (b) to formulate and implement strategies and plans of action for the determinants of health, especially food, water, sanitation, and environment;
  - (c) to formulate a comprehensive written plan for prevention, tracking, mitigation, and control of a “public health emergency”, as well as situations of “outbreak” or “potential outbreak” in the district based on State Plan;
  - (d) to coordinate with the relevant Government departments and agencies to ensure availability and access to adequate and safe food, water and sanitation throughout the district;
  - (e) to organize hearing of the beneficiaries coming to the hospital once in three months with a view to improve the health care services;
  - (f) to involve the communities as active co-facilitators articulating their needs, helping in identification of key indicators and creation of tools for monitoring, providing feedback as well as validating the data collected by these methods;
  - (g) to investigate and decide the complaints received by it under section 10; and
  - (h) to carry out such other functions as may be prescribed.

**Grievances  
Redressal  
Mechanism.**

- 10. The State Health Authority shall carry out the following functions.-
  - (1) The Government shall prescribe Grievances Redressal Mechanism, within six months from the date of commencement of this Act,
  - (2) The rules prescribed under sub-section (1) shall include the following, namely:-
    - (a) a specified web-portal and helpline centre where complaint may be made on denial of services and infringement of rights provided under this Act;
    - (b) the web-portal/ helpline centre shall forward the grievances received to the concerned officer and his/her immediate supervisors within 24 hours;
    - (c) the concerned officer shall respond to the complainant within next 24 hours;
    - (d) if the complaint is not resolved by concerned officer within 24 hours as aforesaid the complaint shall be forwarded to District Health Authority immediately;



- (e) the District Health Authority shall take appropriate action on the complaint within 30 days of its receipt and upload the action taken report on the web portal and also communicate the same to the complainant. While enquiring into the complaint the District Health Authority may invite the complainant and try to resolve the complaint; and
- (f) in case the grievance is not resolved within 30 days by the District Health Authority, the complaint shall be forwarded to the State Health Authority immediately after the expiry of the aforesaid period of 30 days.
11. (1) For purposes of carrying out the inquiry under this Act, the State Health Authority or District Health Authority, as the case may be, may nominate one or more persons or committees, in the prescribed manner, for the efficient discharge of its functions. **Powers of the State Health Authority and District Health Authority.**
- (2) The State Health Authority or District Health Authority, as the case may be, shall have the power to require any person to furnish information on such matters as may be the subject matter of the inquiry and any person so required shall be legally bound to furnish such information.
- (3) The State Health Authority or District Health Authority, as the case may be, or any other officer authorized in this behalf by the State Health Authority or District Health Authority, as the case may be, enter in any building or place where the State Health Authority or District Health Authority, as the case may be, has reason to believe that any document relating to the subject matter of an inquiry may be found in such building or place and may seize any such document or take extracts or copies thereof: Provided that the State Health Authority, District Health Authority or any officers authorized by it, as the case may be, shall follow the provisions of section 100 of the code of Criminal Procedure, 1973 while acting under this sub-section.
12. Any person aggrieved by an order of the District Health Authority passed under the provisions of this Act may file an appeal in the prescribed manner to the State Health Authority within 30 days from the date of the order. **Appeal.**
13. Any person who knowingly contravenes any provision of this Act or any Rule made thereunder shall be punishable with a fine up-to rupees ten thousand for the first contravention, and up-to rupees twenty-five thousand for the subsequent contraventions. **Penalties.**
14. No civil court shall have jurisdiction to entertain any suit or proceeding in respect of any matter which the State Health Authority or District Health Authority, as the case may be, constituted under this Act is empowered by or under this Act to determine. **Bar of Jurisdiction.**
15. No suit, prosecution or other legal proceeding shall lie against the State Government or the chairpersons or members of the State Health Authority and District Health Authority or any members or officers of the committee appointed by the said authorities or any other employee or officer acting under the direction of the said Authorities, for anything which is in good faith done or intended to be done under this Act or the rule made thereunder. **Protection of action taken in good faith.**
16. (1) The State Government may, by notification in the Official Gazette, make rules to carry out the provisions of this Act. **Power of State Government to make rules.**
- (2) Every rule made under this Act shall be laid, as soon as may be after it is so made, before the House of the State Legislature, while it is in session, for a period of not less than fourteen days which may be comprised in one

session or in two or more successive sessions and if before the expiry of the session in which it is so laid or of the sessions immediately following, the House of the State Legislature makes any modification in the rule or resolves that the rule should not be made, the rule shall thereafter have effect only in such modified form or be of no effect, as the case may be, so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done thereunder.

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| <b>Application of other laws not barred.</b> | 17. | The provisions of this Act shall be in addition to, and not in derogation of, any other law for the time being in force.   |
| <b>Power to remove difficulties.</b>         | 18. | <p>(1) If any difficulty arises in giving effect to the provisions of this Act, the State Government may, by order, published in the Official Gazette, make such provisions not inconsistent with the provisions of this Act as may appear to be necessary for removing the difficulty: Provided that no such order shall be made under this section after the expiry of two years from the commencement of this Act.</p> <p>(2) Every order made under this section shall be laid, as soon as may be after it is made, before the House of the State Legislature.</p> |
| <b>Saving.</b>                               | 19. | Any rules, regulations, guidelines or orders made or issued in respect of providing any health care facilities, whether free or otherwise, to the residents of the State shall be deemed to have been made or issued under this Act and shall remain in force until they are repealed, modified or replaced in exercise of the powers conferred under this Act.  |

**STATEMENT OF OBJECTS AND REASONS**

Health is defined as a condition of complete physical, mental and social prosperity and not only the non-appearance of disease. In several cases Courts have accentuated health inside the ambit of life and freedom under Article 21 of the Constitution of India. Our Constitution expects from States to make every possible effort, within available resources, to realize the right to health. Human rights are interdependent, indivisible and interrelated and thus, violating the right to health may often impair the enjoyment of other human rights, such as the rights to education or work.

Although, the State of Gujarat is running popular schemes like Mukhyamantri Amrutam Yojana, Chiranjeevi Yojana apart from regular budget allocated to run medical colleges, associate hospitals, district and sub-district hospital, Community Health Centres, Primary Health Centres and Sub-Centres, the Government desires to establish legal rights and entitlement of the citizen to avail best of health services. Therefore, to enhance effectiveness and implementation of Gujarat Model of Public Health, the State Government proactively decided to bring a State legislation to safeguard the right to health, so that, right of residents may be ensured, Besides, the Bill ascertains duties of residents, the Bill also provides for grievance redressal mechanism. Provisions are made in the Bill to establish State Health Authority and District Health Authority which are entrusted with the functions which are essential to achieve the purposes of the Bill.

The Bill seeks to achieve the aforesaid objectives.

Hence the Bill.

**Dated the 19<sup>th</sup> February, 2025**

**Gandhinagar.**

**ARJUN MODHWADIA**

**M.L.A.**

**FINANCIAL MEMORANDUM**

The Bill when enacted and brought into operation would involve expenditure from the Consolidated Fund of the State. It is not possible at this stage to estimate with any degree of accuracy the expenditure to be incurred from the Consolidated Fund of the State as a result of the proposed legislation.

**Dated the 19<sup>th</sup> February, 2025**

**Gandhinagar.**

**ARJUN MODHWADIA**

**M.L.A.**

**MEMORANDUM REGARDING DELEGATED LEGISLATION**

Clause 3 of the Bill, if enacted, shall empower the State Government to prescribe for free OPD services, IPD services consultation, drugs, diagnostics, emergency transport, procedure, and emergency care to be provided by all public health institutions accordantly to their level of health care.

Clause 4 of the Bill, if enacted, shall empower the State Government to prescribe for,-

- (i) availability and equitable distribution of doctors, nurses and other ancillary health professionals and workers at all levels of healthcare;
- (ii) setting up the quality audit and grievance redressal mechanisms;
- (iii) laying down standards for quality and safety of all levels of health care;
- (iv) making available Government funded healthcare services as per distance or geographical area or considering population density which includes health care institutions, free medicine, test and diagnostics of notified items and ambulance services as per standards; and
- (v) government funded health care services at health care establishment which cannot be directly or indirectly denied to any resident in the State.

Clause 5 of the Bill, if enacted, shall empower the State Government to prescribe for terms and conditions of services including allowances of two Members, nominated by State Government, having knowledge of Public Health/Hospital Management, etc.

Clause 6 of the Bill, if enacted, shall empower the State Government to prescribe for other functions to be carried out by the State Health Authority.

Clause 7 of the Bill, if enacted, shall empower the State Government to prescribe for,-

- (i) procedure regarding the transaction of business at the meetings of State Health Authority; and
- (ii) regulations which shall govern the meetings of the Authority and the mode of transaction of business at meetings, including quorum etc.

Clause 8 of the Bill, if enacted, shall empower the State Government to prescribe for,-

- (i) three Pradhans of the Panchayat Samitis in rotation; and
- (ii) terms and conditions of services including allowances of two Members, nominated by State Government, having knowledge of Public Health/Hospital Management, etc.

Clause 9 of the Bill, if enacted, shall empower the State Government to prescribe for other functions to be carried out by the District Health Authority.

Clause 16 of the Bill, if enacted, shall empower the State Government to make rules for carrying out the provisions of the Act.

The proposed delegation is of normal character and relates to the matters of detail.

**Dated the 19<sup>th</sup> February, 2025**  
**Gandhinagar.**

**ARJUN MODHWADIA**  
**M.L.A.**

Dated the 20<sup>th</sup> March, 2025  
Gandhinagar.

**CHETAN PANDYA,**  
Incharge Secretary,  
Gujarat Legislative Assembly.

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